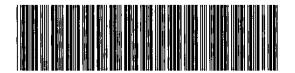
20400035927

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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C. CARROINERS

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions o		0115, Florida Stat	tutes, the unde				
Name of Registered Agent				, hereby resigns as			
	•						
Registered Agent for	CBI (Consulting	Company	LLC		_	_
	Name of	Limited Liability Co	ompany				
L04000035927							
Document Numbe	r, if known						
A copy of this resignation v	vas mailed to t	the above listed lin	mited liability	company at its la	st known	addre	ss.
The agency is terminated ar	nd the office d	iscontinued on the	e 31st day afte	er the date on which	h this sta	temen	it is filed.
<u>-</u>	Le	0 P. 1					
		Signature of R	esigning Agent				
If signing on behalf of an er	ntity:						
					\$ 143		
		Typed or Printed	Name			開	** **
_		Capacity				<u> [2</u>	ke
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		NG FEES:				<u></u>	
	\$ 85.0 \$ 25.0	00 Active limi 00 Administra withdrawn	ited liability c itively dissolv i limited liabi	ompany ed/voluntarily di lity company	.ssolved/		

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314